PPN10

PATIENT SATISFACTION WITH PAIN MANAGEMENT 28 DAYS AFTER TOTAL KNEE ARTHROPLASTY

Strassels SA[1], Grossman P[2], Blough DK[1], Sullivan SD[1], Colucci S[2], Richards P[2], Strauss ME[2]
[1]University of Washington, Seattle, WA, USA; [2]Purdue Pharma, LP, Stamford, CT, USA

OBJECTIVES: Suboptimally treated postoperative pain is common and is a risk factor for developing chronic pain. Additionally, improving postoperative pain relief may improve patient-reported outcomes such as satisfaction with care. The purpose of this study was to assess patient satisfaction with postoperative pain relief among persons who underwent unilateral total knee arthroplasty. **METHODS:** Participants in the intent-to-treat population were randomly assigned to controlled-release oxycodone (CRO, n = 125) or placebo (Pla, n = 119) plus usual care on postoperative day two. Both groups were allowed supplemental analgesics as needed. Outcomes assessed in this analysis at baseline and overall were pain relief and impact of pain on daily functions using the Brief Pain Inventory (BPI; an objective pain outcome measure) and two items related to satisfaction with postoperative pain care, specifically, "How satisfied or dissatisfied are you with the relief you experienced from your post-surgery pain?" and "Overall how pleased have you been with the current care you have received for post-surgery pain?" **RESULTS:** Patients on CRO compared to Pla reported greater perceived amount of pain relief from study medications ($p = 0.007$), with satisfaction of current care ($p = 0.069$) trending towards significance. In addition, 85.8% (CRO) and 72.0% (Pla; $p = 0.033$) would recommend the care they received, including pain management. Questions about satisfaction with pain management were positively and significantly associated with the Brief Pain Inventory pain relief item ($r = 0.47$ and 0.38, respectively). **CONCLUSIONS:** Patients who received CRO were more satisfied with their pain relief and were more likely to recommend their pain care to someone else.

URINARY/KIDNEY

PUK1

SELECTED OUTCOMES IN PATIENTS WITH OVERACTIVE BLADDER COMPARED TO NON-OVERACTIVE BLADDER CONTROLS

Daniel G[1], Kamat SA[1], Brewer K[1], Bullano MF[1], Telly T[2], Williamson T[2]
[1]HealthCore, Inc, Wilmington, DE, USA; [2]Yamanouchi Pharma America, Inc, Paramus, NJ, USA

OBJECTIVE: This was a retrospective claims study in a managed care population. Selected outcomes were compared in newly-diagnosed overactive bladder (OAB) cases and controls. **METHODS:** Insurance claims data from a southeastern US health plan totaling approximately 4.4 million members were utilized. All patients were ≥18 years of age and had continuous insurance eligibility for one year pre- and ≥1 year post-enrollment date. The two year enrollment period for OAB patients was between January 1, 2001 and December 31, 2002. Newly-diagnosed OAB patients had ≥2 medical visits related to OAB on separate dates during the enrollment period but not a medical visit related to OAB in the one year pre-enrollment period. Non-OAB controls had no medical visit related to OAB over the period of continuous eligibility. Cases were matched to controls utilizing a propensity score approach. All medical and pharmacy insurance encounter data (claims) were collected for one year pre-enrollment and ≥1 year post-enrollment for both groups. **RESULTS:** Among OAB cases, 1087/4640 (23%) received ≥1 OAB drug over the observation period; 93% discontinued treatment. Median treatment duration was 30 days. Compared to non-OAB controls, OAB cases were significantly associated with: skin infections at rates 57% higher, urinary tract infection (UTI) at rates 3.6 times higher, and new onset depression at rates 55% higher. **CONCLUSION:** Patients with OAB were associated with higher rates of skin infection, UTI, and new-onset depression compared to non-OAB cases. Evaluation of effect of OAB treatment on these events was not feasible given the low median treatment time. These events are likely to have great quality of life impact as well as significant health care resource use, including outpatient visits and pharmacological intervention.

PUK2

THE COST-EFFECTIVENESS OF SUBSTITUTING DARBAPOETIN FOR EPOETIN: WHEN ECONOMIC MODELLING DOES NOT PREDICT REAL LIFE RESULTS

Basskin LE
North Shore Medical Center, Cooper City, FL, USA

OBJECTIVES: To determine if costs savings from a substitution of darpapoetin for epoetin were as predicted by an economic model. **METHODS:** Our hospital, part of a National purchasing consortium, was convinced to switch all patients receiving either thrice weekly or weekly epoeitin, in connection with either chemotherapy of chronic renal disease, to once weekly darbapoeitin. An economic model showed that under the assumptions provided, combined with a 22% rebate of cost from the manufacturer, that total costs would be lower with darbapoetin. Clinical literature was reviewed showing similar efficacy of the two agents. **RESULTS:** After implementing the switch, the costs of making the subsitution were much higher than the benefits. Use and acquisition costs of darbapoetin was significantly greater than the prior year and then were predicted using the economic model. Significant findings were; a) demonstrated lack of clinical equivalence lead to physicians prescribing 2.8 times the recommended dose of darbapoetin and; b) paying for a week's worth of therapy for patients who would only have received an average of 1.3 doses of epoeitin based on their duration of stay in the hospital. A revised model based on more realistic assumptions showed a net cost would result if the substitution were continued. **CONCLUSION:** Despite the results predicted by the economic model, without restrictions on the amount of drug to be ordered, the total costs to our health care system turned out to be much greater after the substitution.

PUK3

AN ECONOMIC MODEL OF OVERACTIVE BLADDER TREATMENT PERSISTENCE: TOLTERODINE ER COMPARED TO OXYBUTYNIN ER

Subedi P[1], Jumadilova Z[2], Perfetto EM[3]
[1]University of Maryland School of Pharmacy, Baltimore, MD, USA; [2]Pfizer, Inc, New York, NY, USA; [3]The Weinberg Group, Inc, Washington, DC, USA

OBJECTIVE: Successful treatment of overactive bladder (OAB) reduces the occurrence of OAB symptoms and associated conditions and may reduce total health care costs. The objective of this study was to compare treatment discontinuation and one-year health care costs for OAB patients starting treatment with extended-release tolterodine (TOL) versus extended-release oxybutynin (OXY). **METHODS:** A cost-minimization model was developed from the payer perspective. A cohort of OAB patients newly treated with TOL (n = 15,394) or OXY (n = 7934) was